

# Storm Performance Power League – May 2025

## Team Registration Form

### TEAM INFORMATION

Team Name: \_\_\_\_\_

Division (check one): ☐ 7th-8th Grade Division ☐ 9th Grade Division

### COACH/TEAM REPRESENTATIVE INFORMATION

Coach Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Assistant Coach Name (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### TEAM ROSTER

**Minimum 10 players required (\$75 per player, \$750 total team cost)**

1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_

2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_

3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_

4. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_

5. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_

6. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_

7. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_

8. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_

9. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_

10. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_

11. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_ (Optional)

12. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: //\_\_\_\_\_ (Optional)

**Note: Each player must complete and submit an Individual Player Registration Form with this Team Registration**

## **PAYMENT INFORMATION**

**Registration Fee:** \$75 per player × \_\_\_\_ players = \$\_\_\_\_\_ total

**Payment Method:** Cash Only

**Payment Status:** ☐ Paid in Full ☐ Partial Payment \$\_\_\_\_\_ ☐ Not Paid

**Please bring payment to:** Storm Performance Volleyball

1418 North Broadway, Corpus Christi, TX 78401

## **COACH/TEAM REPRESENTATIVE WAIVER AND AGREEMENT**

By signing below, I acknowledge and agree to the following:

1. I verify that all information provided is accurate and that all players meet the age/grade requirements.
2. I understand this league is designed for players with prior volleyball experience.
3. I agree to ensure all players/parents have completed the Individual Registration Form including the waiver and release of liability.
4. I understand there are no refunds due to scheduling, availability, or missed events.
5. I acknowledge that no coaches are provided by Storm Performance and accept responsibility for team management.
6. I understand that the full schedule will be emailed prior to each event.
7. I have read and accept the complete Storm Performance Release and Waiver of Liability on behalf of our team.

**Coach/Team Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **LEAGUE DATES (For Your Reference)**

- **Monday, May 19** – Pool Play: Game 1
- **Monday, June 2** – Pool Play: Game 2
- **Monday, June 16** – Pool Play: Game 3
- **Saturday, June 21** – Final Tournament: Bracket Play

## **CONTACT INFORMATION**

Email: [ccstormvolleyball@gmail.com](mailto:ccstormvolleyball@gmail.com)

Address: 1418 North Broadway, Corpus Christi, TX 78401

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For office use only:

Date Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_ By: \_\_\_\_\_

Number of Individual Forms Received: \_\_\_\_\_